

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036686

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9292

FILED OCT 3 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR TOWN

ST. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

5445 Lisette

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

5445 Lisette

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First Charles

Middle

Last Schmitz

## 4. DATE OF DEATH

Month

Day

Year

Sept. 26, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Nov. 1, 1889

## 9. AGE (last birthday)

72

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foundry Worker

## 10b. KIND OF BUSINESS OR INDUSTRY

Cipo Co. Retired

## 11. BIRTHPLACE (City and state or country)

Maine

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

John Schmitz

## 13b. MOTHER'S MAIDEN NAME

Ann (unknown)

## 14. NAME OF HUSBAND OR WIFE

Ann Schmitz

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Ann Schmitz 5445 Lisette

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Myocardial Infarction

## INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Germany Heart Disease10 yrs.

## DUE TO (c)

Generalized Arteriosclerosisyears

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

420.1

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 17-Nov-1952 to 26-Sept-62 and last saw him alive on 24-Sept-62Death occurred at 7 am on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

George W. Zellert M.D.

## 22b. ADDRESS

4501<sup>st</sup> Manchester

## 22c. DATE SIGNED

26 Sept 62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

Sept 28, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

ST. Peter's Cemetery

## 23d. LOCATION (City, town, or county)

ST. Louis, Co. Mo.

## (State)

## 24. FUNERAL DIRECTOR

Witt Mortuary

## 25. DATE RECD. BY LOCAL REG.

6409 Gravois Ave.

## 26. REGISTRAR'S SIGNATURE

SEP 27 1962

## 26. REGISTRAR'S SIGNATURE

Loan Smith M.D.USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1

2 20

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12 90-0

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90

Dr Geo. Zillgitt  
4501<sup>st</sup> Manchester

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert M. Murray*

Licensed Embalmer No. 3749

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.